

LIMITED PARTNERSHIP
STATE OF MAINE
APPLICATION FOR
RESERVATION OF NAME

Pursuant to [31 MRSA §1309.1](#), the undersigned applicant executes and delivers the following Application for Reservation of Name:

☐ Check box **only** if this name is being reserved for use as an assumed name.

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name to be reserved must contain one of the following: "Limited Partnership", "L.P." or "LP"
unless this name is being reserved for use only as an assumed name – see [31 MRSA §1308.1.A.](#))

Name of applicant _____

Address of applicant _____

APPLICANT

DATED _____

(signature of applicant)

(type or print name and capacity)

- Names are reserved for a period of 120 days and **may not be renewed**. The Secretary of State **will not** file an application for a reserved name that is filed back to back by the same applicant for the same name.
- The Secretary of State will **not** act as an agent by holding applications for filing upon expiration of an existing reservation. Timely filing is the responsibility of the applicant.
- This application serves only as a reservation of the right to the use of a name. Actual use of the name **is not recommended** until the purpose for which the name is reserved is completed.

The execution of this application constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- ☐ Hold for pick up
☐ Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
☐ Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person)

(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)